

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: BAYVIEW RESIDENTIAL FACILITY (0010439)

Address: 8820 N REXLEIGH DR, BAYSIDE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 08/01/2004

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0094063 **End Date:** 01/04/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093135 **End Date:** 07/27/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0092087 **End Date:** 03/09/2004 **Type:** OTHER **Purpose:** DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 08/16/2004

Date Investigation Completed: 11/30/2004

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/19/2004

Date Investigation Completed: 07/22/2004

Subject Area(s)
HOMELIKE ENVIRONMENT & CLEANLINESS

Result
NOT SUBSTANTIATED

SOD #

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